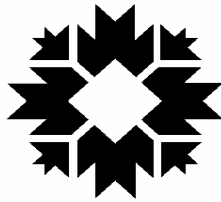


City of Bloomington
Department of Housing and Neighborhood Development



Showers City Hall, Room 130
401 N. Morton Street, P.O. Box 100
Bloomington, IN 47402
Phone (812) 349-3401

Emergency Home Repair Grant Application

Checklist

The Emergency Home Repair Grant Application will not be processed until all the required documentation is provided:

- _____ The three attached information forms completed with signature(s) and dates
- _____ The attached Authority to Verify Credit information form with signature(s) and date
- _____ Last years Federal and State tax forms with all attachments
- _____ Last two check stubs for each applicant
- _____ Property tax statement, or proof of payment of property tax
- _____ Deed to property
- _____ An letter of consent from owner for repairs, if any land Sales contract

Please describe below your Emergency Home Repair Problem:

Application Date_____

Applicant's Name_____

Race_____

Name and Address of Employer_____

Years Employed at this Job_____

Female Head of Household

yes

no

Spouse's Name_____

Race_____

Name and Address of Employer_____

Number of years employed at this job_____

Telephone number: home_____

work_____

PROPERTY INFORMATION

Address_____

Number of Units_____

Date of Home Purchase_____

Age of Structure_____

Original Mortgage Amount_____

Unpaid Balance_____

Lender Name and Address_____

Loan Number_____

Number Residing in Household_____

HOUSEHOLD COMPOSITION

(List the head of your household and all persons who live in your home.)

[illegible]

Monthly Income

Source	Applicant	Co-Applicant	Household Member 18 or Older	Total
Gross Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest/Dividends				
Net Rental Income				
Social Security				
Pensions/Retirement				
Unemployment Benefits				
Workers Compensations				
Alimony/Child Support				
Welfare Payments				
Other				
Total				

ASSETS

Type	Cash Value	Annual Income From Assets	Bank Name	Account #
Checking Accounts				
Savings Accounts				
Credit Union Acct.				
Stocks/IRA				
U.S. Savings Bonds				
Other Real Estate				

LIABILITIES

(List outstanding obligations (your debts) including auto loans, credit cards, charge accounts, personal loans, real estate loans (except for the home you live in), and all other loans.)

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date
			Total	

Monthly child support paid \$_____

Monthly child care payment \$_____

Monthly Housing Expense

Item	Monthly Payment	Due Date
Mortgage Payment		
Homeowner's Insurance		
Real Estate Taxes		
Water/Sewer		
Electric		
Gas		
Home Maintenance		
		Total

The information provided below is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant

Date

Co-Applicant

Date

AUTHORITY TO VERIFY CREDIT INFORMATION

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualification for a mortgage loan from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Applicant Signature

Social Security Number

Co-Applicant

Social Security Number

Date

